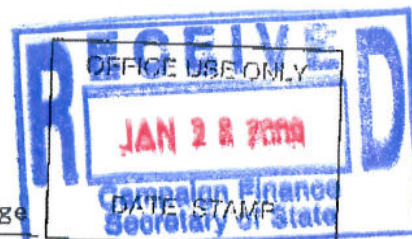


2008 ELECTION CYCLE  
CPR - SS 08-02(b)

**POLITICAL COMMITTEE'S REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS**



Name of Committee Committee to Re-Elect Lamar Pickard, Circuit Judge

Address P. O. Box 190, Hazlehurst, MS 39083-0190

County Copiah/Claiborne/Jefferson

Telephone 601-894-4061 (Fax) 601-894-4792

Treasurer Dudley F. Lampton

Email Address atila@bellsouth.net

☐ Check here if above is different from previous report

**TYPE OF REPORT**

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
- ☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
- ☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

**IMPORTANT**

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (i) and (ii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

(Itemized + non-itemized)

| Total amount of contributions \$ |         | Total This Period | Calendar year-to-date |
|----------------------------------|---------|-------------------|-----------------------|
| -0-                              | +\$ -0- | \$ -0-            | \$ -0-                |
| Total amount of disbursements \$ |         |                   |                       |
| -0-                              | +\$ -0- | \$ -0-            | \$ -0-                |
| Total amount of cash on hand     |         | \$ 14,363.21      |                       |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Officer) Dudley F. Lampton

Secretary/Treasurer

(Date)

JAN 28, 2009

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Rosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Committee to Re-Elect Lamar Pickard, Circuit JudgeReporting period 1-01-2008 through 12-31-2008

## ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☒ Other (please specify) Interest on CD #180295

| Full name                   | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
|-----------------------------|---------------------------|--|
| <u>Copiah Bank, N. A.</u>   | <u>10 / 30 / 08</u>       | \$ <u>202.71</u>                         |
| Mailing Address             |                           |  |
| <u>P. O. Drawer 31</u>      | <u>   /   /   </u>        | \$                                       |
| City, State, Zip Code       |                           |  |
| <u>Hazlehurst, MS 39083</u> | <u>   /   /   </u>        | \$                                       |
| Name of Employer (Required) |                           |  |
| <u>N/A</u>                  | <u>   /   /   </u>        | \$                                       |
| Occupation (Required)       |                           |  |
| <u>N/A</u>                  | Aggregate<br>year-to-date | \$ <u>202.71</u>                         |

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

| Full name                   | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
|-----------------------------|---------------------------|--|
|                             | <u>   /   /   </u>        | \$                                       |
| Mailing Address             |                           |  |
|                             | <u>   /   /   </u>        | \$                                       |
| City, State, Zip Code       |                           |  |
|                             | <u>   /   /   </u>        | \$                                       |
| Name of Employer (Required) |                           |  |
|                             | <u>   /   /   </u>        | \$                                       |
| Occupation (Required)       |                           |  |
|                             | Aggregate<br>year-to-date | \$                                       |

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

| Full name                   | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
|-----------------------------|---------------------------|--|
|                             | <u>   /   /   </u>        | \$                                       |
| Mailing Address             |                           |  |
|                             | <u>   /   /   </u>        | \$                                       |
| City, State, Zip Code       |                           |  |
|                             | <u>   /   /   </u>        | \$                                       |
| Name of Employer (Required) |                           |  |
|                             | <u>   /   /   </u>        | \$                                       |
| Occupation (Required)       |                           |  |
|                             | Aggregate<br>year-to-date | \$                                       |

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

| Full name                   | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
|-----------------------------|---------------------------|--|
|                             | <u>   /   /   </u>        | \$                                       |
| Mailing Address             |                           |  |
|                             | <u>   /   /   </u>        | \$                                       |
| City, State, Zip Code       |                           |  |
|                             | <u>   /   /   </u>        | \$                                       |
| Name of Employer (Required) |                           |  |
|                             | <u>   /   /   </u>        | \$                                       |
| Occupation (Required)       |                           |  |
|                             | Aggregate<br>year-to-date | \$                                       |